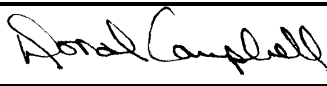
 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.51	Page 1 of 4
	Effective Date: April 1, 2001	
	Distribution: A	
	Supersedes: 113.51 (4/15/98) PCN 00-74 (10/1/00)	
Approved by: 		
Subject: CONSENT/REFUSAL OF TREATMENT		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606.
- II. PURPOSE: To establish guidelines for an inmate's informed consent to, or refusal of, health care services.
- III. APPLICATION: Wardens, transportation officers, health administrators, health care staff, inmates, and privately managed institutions.
- IV. DEFINITIONS:
 - A. Health Care: All preventive, pharmacological, and therapeutic actions taken to provide for the physical and mental well being of an individual. Health care includes medical, dental, psychiatric, nursing, mental health and allied health services.
 - B. Informed Consent: The voluntary consent or agreement to a treatment, examination, or medical procedure by the patient after the patient receives the material facts regarding the nature, consequences, risks, and alternatives concerning the proposed treatment, examination, or procedure.
 - C. Legally Incompetent Person: A person from whom a court has removed the power to make decisions regarding his/her own treatment and for whom the court has appointed a legal guardian or conservator to make such decisions.
- V. POLICY: All inmates shall be accorded the same rights to informed consent, bodily integrity, and right to refuse examination, treatment, and/or medical procedure as is standard in the community.
- VI. PROCEDURES:
 - A. Informed Consent:
 1. Routine Treatments: A signed consent shall not be required for routine examinations or treatments provided in the clinic, such as those provided during sick call, routine dental care, or dental hygiene procedures. The inmate has given implied consent through presenting himself/herself for services.
 2. Special Procedures:
 - a. Prior to the initiation of any examination, treatment, or medical procedure involving the invasion of a body cavity, placement on psychotropic medications, surgery, or intervention involving a risk to the individual's life or health status, the physician, dentist or appropriate health

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professional/provider shall explain the examination, treatment, or procedure, as well as alternatives and risks to the inmate.

- b. The inmate shall sign a CR-1897, Consent for Treatment, authorizing the examination, treatment or procedure prior to receiving any type of invasive procedure or treatment beyond that of venipuncture. In addition to the health care provider, a member of the health care staff shall sign this form as witness to the consent. The completed form shall be filed in the inmate's health record.
3. If a patient is unable to make rational decisions due to a physical or mental incapacity, consent for treatment shall be conducted as follows:
 - a. Mental Incapacity: The inmate shall be evaluated by two unaffiliated doctoral level psychologists with health service provider designation and/or two unaffiliated board certified or board eligible psychiatrists, or a combination thereof, to determine his/her competence in granting informed consent. If these evaluations conclude that the inmate lacks the ability to grant informed consent, then both written evaluations shall be presented to the warden as soon as possible so that he/she may pursue a court order to declare the inmate "legally incompetent" and have a court-appointed conservator appointed.
 - b. Physical Incapacity: The inmate shall be evaluated by two independent physicians, expressing their diagnosis and professional opinions as to the competence of the inmate to give informed consent, and why the procedure is necessary to prevent deterioration of the inmate's health. These recommendations shall be presented to the warden in writing, along with a request to pursue a court order, as in (a) above.
 - c. Minor Inmates: Most minors in the custody of the TDOC may consent to their own treatment as adults. However, the exception occurs when a minor inmate appears to the health care provider to be incapable of consenting to a non-emergency treatment or procedure due to his lack of maturity and understanding. In this case, the health care provider shall attempt to obtain the written consent of the minor's parent or guardian. If the parent or guardian is unavailable or, in the opinion of the health care provider, wrongfully refuses treatment for the minor, the health administrator shall ask the warden to pursue the appointment of a guardian by the Chancery Court to provide consent to the minor's treatment.
4. The informed consent requirement shall be waived for an emergency situation that requires immediate medical or psychiatric intervention to prevent loss of life or limb or to prevent the inmate from harming himself or others.

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5. If an inmate has a conservator or guardian, informed consent shall be obtained from the conservator or guardian in the manner described by this policy.

B. Refusal of Treatment:

1. In those cases where an inmate refuses examination, treatment, or procedure, a Refusal of Medical Services, CR-1984, shall be completed. Only a health care provider is allowed to advise the inmate of the potential health consequences of this refusal and sign as a witness. It is not necessary to obtain written refusal if an inmate merely does not come to sick call or an appointment at the institutional clinic, unless, in the opinion of the health care provider, the inmate is seriously risking his/her health or well being. Then, a written refusal shall be obtained.
2. If an inmate refuses to sign the refusal form, the health care provider shall write "patient refuses to sign" and his/her own signature on the form. In addition, a second signature is required as witness of the refusal.
3. In addition to placing the refusal form in the inmate's health record, full documentation shall be made in the chronological progress notes by the health care provider, and appropriate notifications shall be made (e.g., the physician, DSNF, health administrator).
4. The right of the inmate to refuse treatment may be waived if an emergency situation exists which requires immediate medical intervention to prevent loss of life or limb.
5. Generally, if an inmate refuses an outpatient appointment at DSNF, he shall not be transported to DSNF. (See Policy #113.12.) Special exceptions may be made if the inmate's refusal is presenting an immediate threat to life or limb. If the health administrator believes this to be the case, he/she shall request an exception from the TDOC Director of Health Services or designee.

- C. In cases where the refusal of treatment could potentially jeopardize the health and well being of other inmates and/or staff members, the inmate shall not be housed in the general population until a determination is made by the health professional as to his/her health status.

- D. Forced Treatment: Treatment beyond that required for maintaining the life of the inmate shall not be forced by health care staff, absent a court order, with the exception of involuntary psychiatric treatment as referenced in Policy #113.89, Psychotropic Medication/Involuntary Treatment. In all cases involving the forced treatment of an inmate, careful and complete documentation shall be included in the health record. The Director of Health Services shall be informed of any forced treatment by E-mail or memorandum within two (2) working days of the occurrence.

VII. ACA STANDARDS: 3-4372.

VIII. EXPIRATION DATE: April 1, 2004.



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
CONSENT FOR TREATMENT**

INSTITUTION

Name: _____ Number: _____ Date of Birth: _____
Last First Middle

I hereby authorize _____ and assistants to perform the following operation, procedure,
(Practitioner)
treatment, or psychiatric intervention.

Use Laymans Terms

The nature and extent of the intended operation, procedure, treatment, or psychiatric intervention has been explained to me in detail. I have been advised by _____ of the following
(Practitioner)
alternatives, if any, probable consequences if I remain untreated, risks and possible complications of proposed treatment as indicated:

(Use Layman's Terms)

I acknowledge that no guarantee or assurance has been made as to the result that may be obtained.

If any unforeseen condition arises in the course of the operation calling for the judgment of the practitioner for procedures in addition to or different from those now contemplated, I further request and authorize the practitioner to do whatever is deemed necessary.

I consent to the administration of anesthesia to be applied under the direction and supervision of _____.
(Practitioner)

I have read and fully understand the terms of this consent and acknowledge that the explanations referred to were made and that all blanks have been filled.

Date: _____ Time: _____
(Signature of Patient)

Witness: _____
(Signature of Practitioner and Professional Title) Date

If the patient is a minor or incompetent to consent:

(Signature of parent or person authorized to consent for patient) Date: _____ Time: _____ a.m.
p.m.

Witness: _____ Witness: _____



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES**

INSTITUTION _____

Date _____ 20 _____ Time _____ AM/PM

This is to certify that I _____, _____
(Inmate's Name) (TDOC Number)
have been advised that I have been scheduled for the following medical services and/or have been advised to have
the following evaluations, treatment, or surgical/other procedures:

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: _____
(Inmate) (TDOC number) (Date)

Witness: _____
(Signature) (Title) (Date)



Witness: _____
(Signature) (Title) (Date)

The above information has been read and explained to,

_____ but has refused to sign
(Inmate's Name) (TDOC number)
the form.

Witness: _____
(Signature) (Title) (Date)


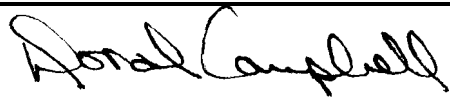
Witness: _____
(Signature) (Title) (Date)

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.51	Page 1 of 1
	Effective Date: October 15, 2002	
	Distribution: A	
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<p>Approved by: </p> <p>Subject: CONSENT/REFUSAL OF TREATMENT</p>		

POLICY CHANGE NOTICE 02-62

INSTRUCTIONS:

Please insert the attached page 4 and renumber the policy pages accordingly.

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.51	Page 1 of 1
	Effective Date: March 1, 2002	
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<p>Approved by: </p> <p>Subject: CONSENT/REFUSAL OF TREATMENT</p>		

POLICY CHANGE NOTICE 02-5

INSTRUCTIONS:

Please add the following to Section I:

“TCA 41-51-102.”

Please add the following to Section IV:

- “D. Exposure Incident: A specific eye, mouth, other mucous membrane, skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee’s duties or during a visit to a correctional institution.”
- E. Source Individual: Any inmate, living or dead, involved in an exposure incident.”

Please add the following to Section VI:

- “E. Exposure Incident: If an inmate who is the source individual of an exposure incident refuses to have blood drawn as required by TDOC's Exposure Control Plan the warden of the institution is to be contacted to give the order that the test must be performed. The warden shall ensure that there is documentation to support the order to perform the test along with documentation if the inmate refuses to consent to the test.”